

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

639

Lobbyist's Registration Number

## Instructions

- ! Print in ink or type.
- ! Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- ! This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY  
Postmark Date: 1/2/08

Sup-term

ack

1071138 ✓

1. NAME McClary Michael L.  
Last First MI

2. BUSINESS PHONE 225 / 634-2190

3. BUSINESS ADDRESS One Centenary Place St Francisville LA 70775  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER McClary and Associates, Inc

5. EMPLOYER'S ADDRESS One Centenary Place St Francisville LA 70775  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name

Address

Business or purpose

☐ New Representation

Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

AUDITED  
JUL 09 2008

SCANNED

JAN 28 2008

By: ja

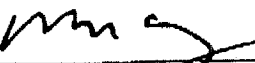
**SUPPLEMENTAL REGISTRATION FORM**

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



\_\_\_\_\_  
Signature of Lobbyist

Form 501, Rev. 10/2002